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<b>** CONTINUING DATA *****</b>				
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<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/13/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 6				
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